



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
WELL COMPLETION REPORT - PART II
Pump Installation

For Official Use Only:

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at **587-0225**. For updates to this form or additional information, please visit our website at <http://www.state.hi.us/dlnr/cwrm/>

1. State Well No.: _____ Well Name: _____ Island: _____
2. Address: _____ Tax Map Key: _____
3. Pump Installation Company: _____
4. Date Pump Installed: _____
month/day/year
5. PERMANENT PUMP INFORMATION
Pump Type, Make, Serial No.: _____ Rated Capacity: _____ gpm
Motor Type, H.P., Voltage, rpm: _____
Type of flow meter: _____ which measures in _____
6. Method of flow measurement:
☐ Flowmeter Manufacturer _____ Make _____ Size _____
☐ Weir* ☐ Open Pipe* ☐ Orifice* ☐ Other*, explain below
*attach schematic
7. Fill in the as-built section on the other side of this sheet.
8. Other remarks/comments:

Pump Installation Contractor (print) _____ C-57/C-57a/A Lic. No. _____

Signature _____

Date _____

Permittee (print) _____

Signature _____

Date _____

9. AS-BUILT PUMP SECTION *(Please attach as-built if different from diagram provided below)*

